



SFIS Brochure Request

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Language - Circle Choice(s)	Quantity
English	
Spanish	
Chinese	
Cambodian	
Russian	
Vietnamese	

County SFIS Coordinator Information
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County : _____ Phone: _____		
SFIS Coordinator: _____		
County SFIS Coordinator Signature		Date

To request more brochures for your office, please fax this completed form to:
California Department of Social Services at **(916) 263-5707**.

If you need additional information regarding this form, please contact the CDSS
at (916) 263-5710.

For State Use Only

Date Received: _____	Approved/Denied By _____
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	Title _____
Date A/D _____	
County Notified: _____	Approved/Denied By Signature _____ Date _____